

New Setup Direct Deposit / Advance Payment Notification Authorization Form

For Comptroller's use only

SEE INSTRUCTIONS ON BACK.

A VOIDED CHECK MUST BE ATTACHED

VENDOR / PAYEE INFORMATION

SECTION 1	Texas Identification Number: (Payee Number, SSN or EIN)										Mail Code: (Agency Use ONLY)		
	Vendor or payee name (Required)												
	Vendor contact name (Required for vendor)					Title (Required for vendor)					Contact phone number (Required) ()		
	Payment address (Required)					City (Required)					State (Req.)		ZIP code (Required)

FINANCIAL INSTITUTION INFORMATION

SECTION 2	Financial institution name (Bank name)(Required)										City			State	
	Routing transit number (9 digits)					Customer account number (maximum 17 digits)									
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings														
SECTION 2	Financial representative name										Title				
	Financial representative signature										Phone number (Required) ()			Date (Required)	

AUTHORIZATION FOR DIRECT DEPOSIT SETUP

SECTION 3	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Comptroller of Public Accounts will reverse any payments made to my account in error.												
	I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. For further information on these rules, please contact your financial institution.												
	Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO												
SECTION 3	sign here Authorized signature (Required)					Printed name (Required)					Date (Required)		

AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP - OPTIONAL

SECTION 4	By completing this section, I authorize the Texas Comptroller of Public Accounts to send a notification via e-mail one business day prior to the payment settling in my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.												
	Contact name (print): _____										Contact phone: (_____) _____		
	E-mail: _____												
	I wish to see my payment remittance information on my notifications? <input type="checkbox"/> YES <input type="checkbox"/> NO												

Please return your completed form to:
 TEXAS DEPARTMENT OF TRANSPORTATION
 Finance, Support Services
 150 E. Riverside Dr.
 Austin, TX 78701

Attn: Ronnie Brown
 E-mail: RBrown@dot.state.tx.us
 Fax: (512)486-5670

AGENCY USE ONLY

Processed: _____ Date: _____

Processed: _____ Date: _____

Comments:

INSTRUCTIONS FOR NEW SETUP DIRECT DEPOSIT/ADVANCE PAYMENT NOTIFICATION AUTHORIZATION FORM

SECTION 1: VENDOR/PAYEE INFORMATION

Texas Identification Number: (Payee Number, SSN or EIN)

Enter your 11-digit Texas Identification Number or your 9-digit Social Security number (SSN) or Employer Identification Number (EIN).

MAIL CODE (Optional)

Enter your 3-digit mail code address identifier if known.

VENDOR CONTACT NAME (Required for Vendor)

Enter the name of the person that can be contacted for assistance as needed.

TITLE

Enter the title of the VENDOR CONTACT.

SECTION 2: FINANCIAL INSTITUTION INFORMATION

Section 2 is recommended to be completed by a financial institution.

NOTE: Alterations to routing, account number and/or type of account must be initialed by the financial institution representative or the payee.

SECTION 3: AUTHORIZATION FOR DIRECT DEPOSIT SETUP

The individual authorizing the direct deposit setup must sign, print their name and date the form.

NOTE: If you receive state payments via direct deposit which are forwarded from a U.S. financial institution to a financial institution outside the U.S., please contact the Comptroller's office at (512) 936-8138 and FAX your form to (512) 475-5424.

SECTION 4: AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP

Receiving your state payments by direct deposit also enables you to take advantage of our Advance Payment Notification option. Notifications can be sent by e-mail or FAX, and provides one (1) business day advance notice prior to your payment posting to your bank account. You may also choose to have your payment remittance information included. To sign-up simply complete Section 4.

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address listed on this form.